

No. 500  
10-48

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7044**  
**002AE**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks</u>		c. LENGTH OF STAY (in this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Lemay</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Veterans Administration Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>101 Horn Ave</u>				
3. NAME OF DECEASED (Type or Print) <u>WILLIAM G</u>			a. (First) <u>THUMMEL</u>		c. (Last)			
5. SEX <u>male</u>			6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>10/22/74</u>			9. AGE (In years last birthday) <u>74</u>			10. IF UNDER 1 YEAR: Months _____ Days _____		
11. BIRTHPLACE (State or foreign country) <u>St James, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U S</u>					
13a. FATHER'S NAME <u>William G Thummel</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Gilliam</u>			14. NAME OF HUSBAND OR WIFE <u>unk</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>			16. SOCIAL SECURITY NO. <u>unk</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Registrar VA Hosp Jefferson Brks, Mo.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction with spontaneous perforation of jejunal ulcer and generalized peritonitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of recto-sigmoid</u> DUE TO (c) <u>46d</u>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <u>1/25/49</u>			19b. MAJOR FINDINGS OF OPERATION <u>Transverse colostomy</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME (Month) (Day) (Year) (Hour) (Minute) <u>1:25 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>1/21/49</u> , 19 <u>49</u> , to <u>1/29/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/29/49</u> , 19 <u>49</u> , and that death occurred at <u>12:01A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>E.E. Stilwell</u> (Degree or title) <u>Ch Prof Sv</u>			23b. ADDRESS <u>VA Hosp, Jeff Brks, Mo</u>			23c. DATE SIGNED <u>1/29/49</u>		
24a. SERIAL, CREMATION, REMOVAL (Specify) <u>7 Lines</u>		24b. DATE <u>Feb 1-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nat Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jeff Brks Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-2-49</u>		REGISTRAR'S SIGNATURE <u>Thurmond V. Lanning</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Phenilla Little</u>		ADDRESS <u>7420 Midway</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Licensed Embalmer No. 4053

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.